

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <i>6/9/06</i>							SERIAL NO. <i>10/603,501</i>	FILING DATE
							APPLICANT(S)	
CLAIMS								
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
NO	DEP	NO	DEP	NO	DEP		NO	DEP
1								
2	1							
3								
4								
5		14						
6		1						
7		1						
8		1						
9		1						
10		1						
11		1						
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13	1							
14		1						
15								
16		2						
17		1						
18		1						
19	1							
20		1						
21		1						
22		1						
23		1						
24		1						
25	1							
26		1						
27		2						
28		1						
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TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS				
<i>15</i>		<i>43</i>		<i>57</i>				

5  
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